



CITY OF CINCINNATI  
DEPARTMENT OF BUILDINGS & INSPECTIONS  
Room 328, City Hall, 801 Plum Street, Cincinnati, OH 45202  
Permit Desk (513) 352-3271  
Plumbing Inspections (513) 352-3280 Fax: (513) 352-1598

Permit Application For  
**PLUMBING**  
NUMBER

www.cintibuildings.org

**COMPLETE IN INK - PLEASE PRINT**

PROJECT ADDRESS: _____ Tenant Suite Floor: _____	
OWNERS NAME: _____	PLUMBERS NAME: _____
Address: _____	Address: _____
City: _____	City: _____ State: _____ Zip: _____
State _____ Zip: _____	Phone#: _____ Cellular#: _____
Phone#: _____ Cellular#: _____	Fax#: _____
Fax#: _____	Ohio Plumbing Contractor's License# _____
	Expiration Date: _____

1. General use of the building  
For residential uses indicate the number of units in building: \_\_\_\_\_  
For non-residential uses describe the uses: \_\_\_\_\_
- 2 Building Permit Number: \_\_\_\_\_ 3. Previous Plumbing Permit # for additional fixtures: \_\_\_\_\_

4. **NUMBER OF FIXTURES PIPED AND INSTALLED**

Water Closet: <input type="text"/>	Sink/Kitchen/Bar etc: <input type="text"/>	Washing Machine: <input type="text"/>	Water Softener: <input type="text"/>
Lavatory: <input type="text"/>	Disposal: <input type="text"/>	Floor Drain: <input type="text"/>	Blackflow Preventer: <input type="text"/>
Bath Tub: <input type="text"/>	Dishwasher: <input type="text"/>	Water Heater: <input type="text"/>	Roof Drains: <input type="text"/>
Shower: <input type="text"/>	Interceptor: <input type="text"/>	Service Sink: <input type="text"/>	Drinking Fountain: <input type="text"/>
Urinal: <input type="text"/>	Laundry Tray: <input type="text"/>	Ejector/Sump Pump: <input type="text"/>	Other: <input type="text"/>

**PERMIT FEES:**

Total Fixtures:  \$ \_\_\_\_\_

**NUMBER OF FIXTURES REPLACED (NO PIPING)**

Water Closet: <input type="text"/>	Sink/Kitchen/Bar etc: <input type="text"/>	Washing Machine: <input type="text"/>	Water Softener: <input type="text"/>
Lavatory: <input type="text"/>	Disposal: <input type="text"/>	Floor Drain: <input type="text"/>	Blackflow Preventer: <input type="text"/>
Bath Tub: <input type="text"/>	Dishwasher: <input type="text"/>	Water Heater: <input type="text"/>	Roof Drains: <input type="text"/>
Shower: <input type="text"/>	Interceptor: <input type="text"/>	Service Sink: <input type="text"/>	Drinking Fountain: <input type="text"/>
Urinal: <input type="text"/>	Laundry Tray: <input type="text"/>	Ejector/Sump Pump: <input type="text"/>	Other: <input type="text"/>

Total Fixtures:  \$ \_\_\_\_\_

5. Cost of outside ☐ storm ☐ sanitary ☐ water service piping: \$ \_\_\_\_\_
6. Cost of piping inside building not associated with features listed below: \$ \_\_\_\_\_
7. Sanitary Tap Permit Number: \_\_\_\_\_
8. Storm Tap Permit Number: \_\_\_\_\_
9. Total Cost of all Plumbing Work.....\$ \_\_\_\_\_

*The owner of this building and undersigned hereby certify that all statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.*

**SIGNATURE:** \_\_\_\_\_

Plumbing Plan Examiner:	Date:
Zoning Plan Examiner:	Date:
Permit Issued By:	Date:

Subtotal: \$ \_\_\_\_\_  
State Fee: \$ \_\_\_\_\_  
Investigation Fee: \$ \_\_\_\_\_  
**Total:** \$ \_\_\_\_\_